Table 6B: Quality of Care Measures

PURPOSE:

Table 6B reports on selected quality of care measures that are viewed as indicators of health center performance.

HOW DATA ARE USED:

Compliance rates for clinical measures and percentage of target population receiving routine or preventive service are calculated and reviewed by the Health Resources and Services Administration (HRSA).

CHANGES:

CLINICAL QUALITY MEASURES

- Existing measure modified Line 11: Cervical Cancer Screening.

- Existing measure modified Line 14a: Tobacco Use: Screening and Cessation Intervention.

- The specifications for the clinical quality measures reported have been revised to align with the Centers for Medicare & Medicaid Services (CMS) electronic-specified Clinical Quality Measures (eCQMs). A list of these measures is shown in Table 1.

- For 2021, the UDS Manual's Table 6B has been updated to mirror the CMS eCQM logic for those variables which are aligned. Extensive information pertaining to eCQMs can be found at the eCQI Resource Center: **https://ecqi.healthit.gov/ecqms**.

KEY TERMS:

Measure Description
- The quantifiable indicator to be evaluated.

Denominator (also referred to as Initial Patient Population in the eCQM).
- Patients who fit the detailed criteria described for inclusion in the specific measure to be evaluated.

Numerator
- Patient health records (from the denominator) that meet criteria for the specified measure.

Exclusions/Exceptions
- Patients who should not be considered or included in the denominator (exclusions) or removed if identified (exceptions).

Specification Guidance
- CMS measure guidance that assists with the understanding and implementing of eCQMs.

UDS Reporting Considerations
- BPHC requirements and guidance to be applied to the specific measure that may differ from or expand on the eCQM specifications.

The clinical quality measures (CQMs) described in the fact sheet must be reported by all health centers using specifications detailed in the measure definitions described in the 2021 UDS Manual. Use the most current CMS-issued eCQM specifications for the version numbers referenced in the UDS Manual for 2021 reporting and measurement period. Although there are other updates available from CMS, they *are not to be used* for 2021 UDS reporting.

Table 6B: Quality of Care Measures

Table	Line	2021 Measure Description	eCQM
TABLE 1. 2021 TABLE 6B: CLINICAL QUALITY MEASURES
6B	10	Childhood Immunization Status (CIS)	**CMS117v9**
6B	11	Cervical Cancer Screening	**CMS124v9**
6B	11a	Breast Cancer Screening	**CMS125v9**
6B	12	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	**CMS155v9**
6B	13	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	**CMS69v9**
6B	14a	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	**CMS138v9**
6B	17a	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	**CMS347v4**
6B	18	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet*	**CMS164v7**
6B	19	Colorectal Cancer Screening	**CMS130v9**
6B	20a	HIV Screening	**CMS349v3**
6B	21	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	**CMS2v10**
6B	21a	Depression Remission at Twelve Months	**CMS159v9**
6B	22	Dental Sealants for Children between 6–9 Years*	**CMS277v0**
7	Part B	Controlling High Blood Pressure	**CMS165v9**
7	Part C	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	**CMS122v9**

Table 1. For 2021 reporting period, use the electronic specifications available for 2021 Performance Period noted in this table and in the UDS Reporting Requirements for 2021 Health Center Data.

Requires a free user login to the United States Health Information Knowledgebase (USHIK) to access measure details.

WHY ARE PROCESS MEASURES IMPORTANT?

If patients receive timely routine and preventive care, then we can expect improved health status. For example, we know that:

- *Children who receive vaccinations are less likely to contract preventable diseases;*

- *Women who receive Pap tests are more likely to be treated earlier and less likely to suffer adverse outcomes from HPV and cervical cancer; and*

- *Timely follow-up care for patients who test positive for HIV reduces morbidity and mortality and the risk of further transmission.*

Table 6B: Quality of Care Measures

TABLE TIPS:

In Sections C through M, report the findings of your review of services provided to targeted populations:

- **Column A: Number of Patients in the Denominator.** Number of patients who fit the detailed criteria described for inclusion in the specific measure to be evaluated.

- **Column B: Number of Charts Reviewed.** Number of patients from the universe (Column A) for whom data have been reviewed. Three options are available:

  1. All patients who fit the criteria for the clinical measure (same as universe in Column A); OR

  2. A number equal to or greater than 80%* of all patients who fit the criteria (≥ 80% of the universe reported in Column A); See sample on page 13. OR

  3. A random sample 70 patients selected from the universe (Column A).

  *NOTE:** If you choose Option 2 (greater than or equal to 80% of Column A), the sample cannot be restricted by any variable related to the clinical measure.

- **Column C: Measurement Standard.** Number of charts (from Column B) whose clinical record indicates that the measure has been met.

CHILDHOOD IMMUNIZATION STATUS (LINE 10), CMS117v9

Measure Description
Percentage of children 2 years of age who had the following vaccines by their second birthday:

- 4 diphtheria, tetanus and acellular pertussis (DTaP);
- 3 polio (IPV);
- 1 measles, mumps and rubella (MMR);
- 3 or 4 H influenza type B (HiB);
- 3 hepatitis B (Hep B);
- 1 chicken pox (VZV);
- 4 pneumococcal conjugate (PCV);
- 1 hepatitis A (Hep A);
- 2 or 3 rotavirus (RV); and
- 2 influenza (flu)

Denominator (Column A)
- Children who turned 2 years old* and had a medical visit during the measurement period.

  Born on or after January 1, 2019 and on or before December 31, 2019.

Denominator (Column B)
- Number of records reviewed.

Numerator (Column C)
- Children who have evidence showing they received the recommended vaccines, had documented history of the illness, had a seropositive test result, or had an allergic reaction to the vaccine by their second birthday.

For more detailed information see UDS Reporting Requirements for 2021 Health Center Data, pages 86 – 115.

Revised August 2021   3

Table 6B: Quality of Care Measures

Exclusions/Exceptions

Denominator Exclusions

- Patients who were in hospice care during the measurement period.

Denominator Exceptions

Not applicable.

*Please refer to the UDS Manual for detailed Specification Guidance and UDS Reporting Considerations.

CERVICAL CANCER SCREENING (LINE 11), CMS124v9

Measure Description

Percentage of women 21*****–64 years of age who were screened for cervical cancer using either of the following criteria:

- Women age 21*****–64 who had cervical cytology performed within the last 3 years.

- Women age 30-64 who had human papillomavirus (HPV) testing performed within the last 5 years.

Denominator (Column A)

- Women 23 through 63 years of age***** with a medical visit during the measurement period.

> ******With birthdate on or after January 2, 1957 and on or before January 1, 1998.*
>
> ******Note: Use age 23 as the initial age to include in assessment. See the UDS Manual for further detail.*

Denominator (Column B)

- Number of records reviewed.

Numerator (Column C)

Women with one or more of the following screenings for cervical cancer. Appropriate screenings are defined by any one of the following criteria:

- Cervical cytology performed during the measurement period or the 2 years prior to the measurement period for women who are at least 21 years old at the time of the test.

- Cervical HPV testing performed during the measurement period or the 4 years prior to the measurement period for women who are at least 30 years old at the time of the test.

Exclusions/Exceptions

Denominator Exclusions

- Women who had a hysterectomy with no residual cervix or a congenital absence of cervix.

- Women who were in hospice care during the measurement period.

Denominator Exceptions

Not applicable.

**Please refer to the UDS Manual for detailed Specification Guidance and UDS Reporting Considerations.*

BREAST CANCER SCREENING (LINE 11a), CMS125v9

Measure Description

Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer in the 27 months prior to the end of the measurement period.

Denominator (Column A)

- Women 51***** through 73 years of age with a medical visit during the measurement period.

> ******Born on or after January 2, 1946 and on or before January 1, 1969.*
>
> ******Use 51 as the initial age to include in assessment.*

Denominator (Column B)

- Number of records reviewed.

Numerator (Column C)

- Women with one or more mammograms during the 27 months prior to the end of the measurement period.

For more detailed information see UDS Reporting Requirements for 2021 Health Center Data, pages 86 – 115.

Table 6B: Quality of Care Measures

Exclusions/Exceptions

Denominator Exclusions

- Women who had a bilateral mastectomy or who have a history of a bilateral mastectomy or for whom there is evidence of a right and a left unilateral mastectomy.

- Women who were in hospice care during the measurement period.

- Patients aged 66 or older who were living long-term in an institution for more than 90 days during the measurement period.

- Patients aged 66 and older with advanced illness and frailty.

Denominator Exceptions

Not applicable.

*****Please refer to the UDS Manual for detailed Specification Guidance and UDS Reporting Considerations.*

WEIGHT ASSESSMENT AND COUNSELING FOR NUTRITION AND PHYSICAL ACTIVITY FOR CHILDREN AND ADOLESCENTS (LINE 12), CMS155v9

Measure Description

Percentage of patients 3–17 years old who had an outpatient medical visit, and who had evidence of height, weight, and body mass index (BMI) percentile documentation **and** who had documentation of counseling for nutrition **and** who had documentation of counseling for physical activity during the measurement period.

Denominator (Column A)

- Patients 3 through 16 years old***** with at least one outpatient medical visit during the measurement period.

  *****Born on or after January 2, 2004 and on or before January 1, 2018.*

  *****Use 16 as the final age at the start of the measurement year to include in the assessment.*

Denominator (Column B)

- Number of records reviewed.

Numerator (Column C)

Children and adolescents who have had:

- Their height, weight, and BMI **percentile** recorded during the measurement period; **and**

- Counseling for nutrition during the measurement period; **and**

- Counseling for physical activity during the measurement period.

Exclusions/Exceptions

Denominator Exclusions

- Patients who have a diagnosis of pregnancy during the measurement period.

- Patients who were in hospice during the measurement period.

Denominator Exceptions

Not applicable.

*****Please refer to the UDS Manual for detailed Specification Guidance and UDS Reporting Considerations.*

For more detailed information see UDS Reporting Requirements for 2021 Health Center Data, pages 86 – 115.

Revised August 2021

5

Table 6B: Quality of Care Measures

PREVENTIVE CARE AND SCREENING: BODY MASS INDEX (BMI) SCREENING AND FOLLOW-UP PLAN (LINE 13), CMS69v9

Measure Description

Percentage of patients aged 18 years and older with BMI documented during the most recent visit or within the previous 12 months to that visit **and** when the BMI is outside of normal parameters, a follow-up plan is documented during the visit or during the previous 12 months of that visit.*

*NORMAL PARAMETERS: Age 18 years and older BMI greater than or equal to 18.5 and less than 25 kg/m2.

Denominator (Column A)

- Patients 18 years of age or older* on the date of the visit with at least one medical visit during the measurement period.

    With birthdate between January 1, 2003 and December 31, 2003, or earlier, who were 18 years of age or older on date of last visit

Denominator (Column B)

- Number of records reviewed.

Numerator (Column C)

Patients with:

- A documented BMI (not just height and weight) during their most recent visit **or** during the 12 months prior to that visit, **and**

- When the BMI is outside of normal parameters, a follow-up plan is documented during the visit or during the 12 months prior to the current visit.

- Column C includes patients with a normal BMI documented. Those with a normal BMI do not require a documented follow-up plan to be included in the numerator (Column C).

Exclusions/Exceptions

Denominator Exclusions

- Patients who were pregnant during the reporting period.

- Patients receiving palliative care during or prior to the visit.

Denominator Exceptions

- Patients who refuse measurement of height and/or weight.

- Patients who had a documented medical reason.

- Patients in an urgent or emergent medical situation where time is of the essence and to delay treatment would jeopardize the patient's health status.

Please refer to the UDS Manual for detailed Specification Guidance and UDS Reporting Considerations.

PREVENTIVE CARE AND SCREENING: TOBACCO USE: SCREENING AND CESSATION INTERVENTION (LINE 14a), CMS138v9

Measure Description

Percentage of patients aged 18 and older who were screened for tobacco use one or more times within 12 months and who received tobacco cessation counseling intervention if identified as a tobacco user.

Denominator (Column A)

- Patients aged 18 years and older* seen for at least two medical visits or at least one preventive medical visit during the measurement period.

    Born on or before January 1, 2003.

For more detailed information see UDS Reporting Requirements for 2021 Health Center Data, pages 86 – 115.

Revised August 2021

6

Table 6B: Quality of Care Measures

Denominator (Column B)
- Number of records reviewed.

Numerator (Column C)
Patients who:

- Were screened for tobacco use at least once within 12 months before the end of the measurement period; *and*

- Received tobacco cessation intervention if identified as a tobacco user.

- Column C includes **patients with a negative screening <u>as well as</u> those with a positive screening who received cessation intervention if a tobacco user**.

Exclusions/Exceptions
Denominator Exclusions

Not applicable.

Denominator Exceptions
Documentation of medical reason(s) for not screening for tobacco use or for not providing tobacco cession intervention (e.g., limited life expectancy, other medical reason).

**Please refer to the UDS Manual for detailed Specification Guidance and UDS Reporting Considerations.*

STATIN THERAPY FOR THE PREVENTION AND TREATMENT OF CARDIOVASCULAR DISEASE (LINE 17a), CMS347v4

Measure Description
Percentage of the following patients at high risk of cardiovascular events aged 21 years and older who were prescribed or were on statin therapy during the measurement period:

- Patients 21 years of age or older previously diagnosed with or currently have an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD); or

- Patients 21 years of age or older who have ever had a fasting or direct low-density lipoprotein cholesterol (LDL-C) level greater than or equal to 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial or pure hypercholesterolemia; or

- Patients 40 through 75 years of age with a diagnosis of diabetes with a fasting or direct LDL-C level of 70-189 mg/dL.

Denominator (Column A)
- Patients 21***** years of age and older who have an active diagnosis of ASCVD or ever had a fasting or direct laboratory result of LDL-C greater than or equal to 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial or pure hypercholesterolemia; or patients 40 through 75 years of age with Type 1 or Type 2 diabetes and with an LDL-C result 70-189 mg/dL recorded as the highest fasting or direct laboratory test result in the measurement year or the 2 years prior; with a medical visit during the measurement period.

**Include patients who were born on or before January 1, 2000.*

For more detailed information see UDS Reporting Requirements for 2021 Health Center Data, pages 86 – 115.

Revised August 2021

7

Table 6B: Quality of Care Measures

Denominator (Column B)
- Number of records reviewed.

Numerator (Column C)
- Patients who are actively using or who received an order (prescription) for statin therapy at any point during the measurement period.

Exclusions/Exemptions

Denominator Exclusions
- Patients who have a diagnosis of pregnancy.

- Patients who are breastfeeding.

- Patients who have a diagnosis of rhabdomyolysis.

Denominator Exceptions
- Patients with adverse effect, allergy, or intolerance to statin medication.

- Patients who are receiving palliative care.

- Patients with active liver disease or hepatic disease or insufficiency.

- Patients with end-stage renal disease (ESRD).

- For patients 40 through 75 years of age with diabetes who have the most recent fasting or direct LDL-C laboratory test result less than 70 mg/dL and are not taking statin therapy.

*Please refer to the UDS Manual for detailed Specification Guidance and UDS Reporting Considerations.

ISCHEMIC VASCULAR DISEASE (IVD): USE OF ASPIRIN OR ANOTHER ANTIPLATELET (LINE 18), CMS164v7

Measure Description
Percentage of patients 18 years of age and older diagnosed with acute myocardial infarction (AMI) or who had a coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCIs) in the 12 months prior to the measurement period *or* who had an *active* diagnosis of IVD during the measurement period, and documented use of aspirin or another antiplatelet during the measurement period.

Denominator (Column A)
- Patients 18 years of age and older* with a medical visit during the measurement period who had an AMI, CABG, or PCI during the 12 months prior to the measurement year or who had a diagnosis of IVD overlapping the measurement period.

  *Include patients born on or before January 1, 2003.

Denominator (Column B)
- Number of records reviewed.

Numerator (Column C)
- Patients who had an active medication of aspirin or another antiplatelet during the measurement period.

Exclusions/Exceptions

Denominator Exclusions:
- Patients who had documentation of use of anticoagulant medications overlapping the measurement period.

- Patients who were in hospice care during the measurement period.

For more detailed information see UDS Reporting Requirements for 2021 Health Center Data, pages 86 – 115.

Revised August 2021

8

Table 6B: Quality of Care Measures

Denominator Exceptions

Not applicable.

* *Please refer to the UDS Manual for detailed Specification Guidance and UDS Reporting Considerations.*

COLORECTAL CANCER SCREENING (LINE 19), CMS130v9

Measure Description

Percentage of adults 50-75 years old who had appropriate screening for colorectal cancer.

Denominator (Column A)

- Patients 50 through 74 years old***** with a medical visit during the measurement period.

  * *Born on or after January 2, 1946 and on or before January 1, 1971.*

Denominator (Column B)

- Number of records reviewed.

Numerator (Column C)

Patients with one or more screenings for colorectal cancer. Appropriate screenings are defined by any one of the following criteria:

- Fecal occult blood test (FOBT), during the measurement period.
- Fecal Immunochemical Test (FIT) deoxyribonucleic acid (DNA) during the measurement period or the 2 years prior to the measurement period.
- Flexible sigmoidoscopy during the measurement period or the four years prior to the measurement period.
- Colonoscopy during the measurement period or the nine years prior to the measurement period.
- Computerized Tomography (CT) colonography during the measurement period or the 4 years prior to the measurement period.

Exclusions/Exceptions

Denominator Exclusion

- Patients with a diagnosis of colorectal cancer or history of total colectomy.
- Patients who were in hospice care during the measurement period.
- Patients aged 66 or older who were living long-term in an institution for more than 90 days during the measurement period.
- Patients aged 66 and older with advanced illness and frailty.

Denominator Exceptions

Not applicable.

* *Please refer to the UDS Manual for detailed Specification Guidance and UDS Reporting Considerations.*

HIV LINKAGE TO CARE (LINE 20), NO eCQM

Measure Description

Percentage of patients newly diagnosed with HIV who were seen for follow-up treatment within 30 days of diagnosis.

Denominator (Column A)

- Patients first diagnosed with HIV by the health center between December 1, 2020 and November 30, 2021, **and** who had at least one medical visit during 2020 or 2021.

Denominator (Column B)

- Number of records reviewed.

Numerator (Column C)

Newly diagnosed HIV patients that received treatment within 30 days of diagnosis. Include patients who were newly diagnosed by your health center providers, and:

- Had a medical visit with your health center provider who initiates treatment from HIV, **or**
- Had a visit with a referral resource who initiates treatment for HIV.

For more detailed information see UDS Reporting Requirements for 2021 Health Center Data, pages 86 – 115.

Revised August 2021

9

Table 6B: Quality of Care Measures

Exclusions/Exceptions

Not applicable.

***Please refer to the UDS Manual for detailed Specification Guidance and UDS Reporting Considerations.*

HIV SCREENING (LINE 20a), **CMS349v3**

Measure Description

Percentage of patients aged 15-65 at the start of the measurement period who were between 15-65 years old when tested for HIV.

Denominator (Column A)

- Patients aged 15 through 65 years of age at the start of the measurement period and with at least one outpatient medical visit during the measurement period.

  ***Include patients with birthdate on or after January 2, 1955 and birthdate on or before January 1, 2006.*

Denominator (Column B)

- Number of records reviewed.

Numerator (Column C)

- Patients with documentation of an HIV test performed on or after their 15th birthday and before their 66th birthday.

Exclusions/Exceptions

Denominator Exclusions

- Patients diagnosed with HIV prior to the start of the measurement period.

Denominator Exceptions

Not applicable.

***Please refer to the UDS Manual for detailed Specification Guidance and UDS Reporting Considerations.*

PREVENTIVE CARE AND SCREENING: SCREENING FOR DEPRESSION AND FOLLOW-UP PLAN (LINE 21), **CMS2v10**

Measure Description

Percentage of patients aged 12 years and older screened for depression on the date of the visit or 14 days prior to the visit using an age-appropriate standardized depression screening tool and if positive, a follow-up plan is documented on the date of the visit.

Denominator (Column A)

- Patients aged 12 years and older* with at least one medical visit during the measurement period.

  ***Patients with a birthdate on or before January 1, 2009.*

Denominator (Column B)

- Number of records reviewed.

Numerator (Column C)

Patients who:

- Were screened for depression on the date of the visit or up to 14 days prior to the date of the visit using an age-appropriate standardized tool; and

- If screened positive for depression, had a follow-up plan documented on the date of the visit.

- Column C includes patients with a negative depression screening and those with a positive screening who had a follow-up plan documented.

Table 6B: Quality of Care Measures

Exclusions/Exceptions

Denominator Exclusions:

- Patients with an active diagnosis of depression or a diagnosis of bipolar disorder.

Denominator Exceptions:

- Patients who refuse to participate.

- Patients who are in urgent or emergent situations where time is of the essence and to delay treatment would jeopardize the patient's health status.

- Patients whose cognitive or functional capacity or motivation to improve may impact the accuracy of results of standardized assessment tools.

*_Please refer to the UDS Manual for detailed Specification Guidance and UDS Reporting Considerations._

DEPRESSION REMISSION AT TWELVE MONTHS (LINE 21a), **CMS159v9**

Measure Description

Percentage of patients aged 12 years and older with major depression or dysthymia who reached remission 12 months (+/- 60 days) after an index event.

Denominator (Column A)

- Patients aged 12 years and older with a diagnosis of major depression or dysthymia and an initial PHQ-9 or PHQ-9 modified for teens (PHQ-9M) score greater than 9 during the index event between November 1, 2019 through October 31, 2020 and at least one medical visit during the measurement period.

  *_Include patients with birthdate on or before January 1, 2009 who were 12 years of age or older on the date of their visit._

Denominator (Column B)

- Number of records reviewed.

Numerator (Column C)

- Patients who achieved remission at 12 months as demonstrated by a 12-month (+/- 60 days) PHQ-9 or PHQ-9M score of less than 5.

- Patients may be screened using PHQ-9 and PHQ-9M up to 7 days prior to the office visit, including the day of the visit.

Exclusions/Exceptions

Denominator Exclusions

- Patients with a diagnosis of bipolar disorder, personality disorder, schizophrenia, psychotic disorder, or pervasive developmental disorder.

- Patients:
  - Who died
  - Who received hospice or palliative care services
  - Who were permanent nursing home residents

Denominator Exceptions

Not applicable.

*_Please refer to the UDS Manual for detailed Specification Guidance and UDS Reporting Considerations._

For more detailed information see UDS Reporting Requirements for 2021 Health Center Data, pages 86 – 115.

Revised August 2021   11

Table 6B: Quality of Care Measures

DENTAL SEALANTS FOR CHILDREN BETWEEN 6-9 YEARS (LINE 22), CMS277v0

Measure Description
Percentage of children, age 6–9 years, at moderate-to-high risk for caries who received a sealant on a first permanent molar during the measurement period.

NOTE: CMS277v0 is a draft eCQM that currently reflects 5 through 9 years of age but will be corrected to use age 6 through 9 as measure steward intended.

Denominator (Column A)
- Children 6 through 9 years of age* with an oral assessment or comprehensive or periodic oral evaluation dental visit who are at moderate-to-high risk for caries in the measurement period.

  *Born on or after January 2, 2011 and on or before January 1, 2015.

Denominator (Column B)
- Number of records reviewed.

Numerator (Column C)
- Children who received a sealant on a permanent first molar tooth during the measurement period.

Exclusions/Exceptions
Denominator Exclusions
Not applicable.

Denominator Exceptions
- Children for whom all first permanent molars are non-sealable (i.e., molars are decayed, filled, currently sealed, or un-erupted/missing).

Please refer to the UDS Manual for detailed Specification Guidance and UDS Reporting Considerations.

TABLE AND CROSS TABLE CONSIDERATIONS:

- Patients with medical visits on Table 5 are generally eligible for inclusion in eCQMs reported on Table 6B.

- The count of patients by diagnosis on Table 6A will not be the same count as on Table 6B, due to differences in criteria that must be met for inclusion on Table 6B.

- Table 3A, 5, and 6B: The relationship between the universes on Table 6B should be verified as reasonable when compared to the total number of patients by age on Table 3A and the percentage of patients by service category on Table 5.

In the examples on the next page, look at the Childhood Immunization and the Cervical Cancer Screening measures and the relationship for each measure across Tables 3A, 5 and 6B.

Reporting of the universe of patients for childhood immunizations and cervical cancer screening must be reasonable (as must all universe selections) given total patients by age on 3A and/or the percentage of patients who are medical patients on Table 5.

For more detailed information see UDS Reporting Requirements for 2021 Health Center Data, pages 86 – 115.

Revised August 2021

12

Table 6B: Quality of Care Measures

SECTION C — CHILDHOOD IMMUNIZATION STATUS

Line	Childhood Immunization Status	Total Patients with 2nd Birthday (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Immunized (c)
10	**MEASURE:** Percentage of children 2 years of age who received age appropriate vaccines by their 2nd birthday)	32	32	28

SECTION D — CERVICAL AND BREAST CANCER SCREENING

Line	Cervical Cancer Screening	Total Female Patients Aged 23 through 64 (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Tested (c)
11	**MEASURE:** Percentage of women 23–64 years of age, who were screened for cervical cancer	24,636	24,636	18,455

TABLE 3A — PATIENTS BY AGE AND GENDER

Line	Age Groups	Male Patients (a)	Female Patients (b)
3	Age 2	20	14
4	Age 3	766	750
24	Age 23		901
25	Age 24		973
26	Ages 25-39		6,162
27	Ages 30-34		3,719
28	Ages 35-39		3,149
29	Ages 40-44		2,845
30	Ages 45-49		2,737
31	Ages 50-54		2,582
32	Ages 55-59		2,110
33	Ages 60-64		1,600

Note: In this example, the health center serves a patient population that is 87% medical. This means that on Table 3A it is likely that some of the patients in the relevant age groups for these measures may not be medical patients and therefore would not be included in the universe. The immunization and cervical cancer screening measures require that the patient had at least one medical visit in the reporting year. It is also important to consider any exclusions/exceptions that may reduce the number of patients who meet denominator criteria.

For more detailed information see UDS Reporting Requirements for 2021 Health Center Data, pages 86 – 115.